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CONFIRMATION NO. 6852

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/600,079                                                                                                                                                                                                                                                                                                                                                                     | FILING DATE<br>06/20/2003<br><br>RULE                                                                             | CLASS<br>375              | GROUP ART UNIT<br>2621                                                                                                                                                                                                                       | ATTORNEY<br>DOCKET NO.<br>03-0578 1496.00309 |                            |
| <b>APPLICANTS</b><br>Elliot N. Linzer, Suffern, NY;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>                                                                                                                                                                                                                                                          |                                                                                                                   |                           |                                                                                                                                                                                                                                              |                                              |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/26/2003</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                           |                                                                                                                                                                                                                                              |                                              |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged <input checked="" type="checkbox"/> <u>Allowance</u><br>Examiner's Signature <u>                    </u> Initials <u>AL</u> |                                                                                                                   | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>4                                                                                                                                                                                                                       | TOTAL<br>CLAIMS<br>25                        | INDEPENDENT<br>CLAIMS<br>4 |
| <b>ADDRESS</b><br>24319<br>LSI LOGIC CORPORATION<br>1621 BARBER LANE<br>MS: D-106<br>MILPITAS , CA<br>95035                                                                                                                                                                                                                                                                                     |                                                                                                                   |                           |                                                                                                                                                                                                                                              |                                              |                            |
| <b>TITLE</b><br>Dual block motion vector storage in compressed form                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                           |                                                                                                                                                                                                                                              |                                              |                            |
| FILING FEE<br><br>RECEIVED<br>924                                                                                                                                                                                                                                                                                                                                                               | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                                              |                            |